

BEST AVAILABLE COPY

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT'S

FILING DATE

79/868845

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		2				
5		2				
6		2				
7		1				
8		1				
9		2				
10		1				
11		1				
12		1				
13		1				
14		1				
15		1				
16		1				
17		1				
18		1				
19		2				
20		1				
21		1				
22		1				
23			1			
24						
25				1		
26						
27				1		
28				1		
29				1		
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36				1		
37				1		
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39				1		
40				1		
41				1		
42				1		
43				1		
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	1		2			
TOTAL DEP.		27		19		
TOTAL CLAIMS	28		21			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS